

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES


PRINTED: 10/18/2012
FORM APPROVED
OMB NO. 0938-0391

45th 12/01/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445487	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2012
---	---	--	---

NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF JOHNSON CITY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure corridor doors closed to a positive latch and could resist the passage of smoke. (NFPA 101, 19-3.6.3.)</p> <p>The findings include:</p> <p>Observation and interview with the Maintenance Director, on October 15, 2012 at 2:45 p.m. confirmed the corridor doors from the dining room failed to close to a positive latch and had a 1/2-inch gap between each side that would not resist the passage of smoke. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 15, 2012.</p>	K 018	<p><u>K018</u></p> <p>Christian Care Center of Johnson City believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Residents</u></p> <p>The Maintenance Director contacted Trimble Door company on 10/22/12 to inspect dining room doors for the installation of new panic bars with latches placed at top of door frames ensuring a positive latch. Also, a filler strip to be installed to close the gap and resist passage of smoke. New parts were ordered on 10/26/12.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>Facility's corridor doors were inspected by the Maintenance Director on 10/22/12 for positive latch and resistance to smoke passage. No further concerns were noted during the inspection.</p> <p><u>Systematic Changes</u></p> <p>Corridor doors will be added to monthly inspection list and be checked monthly by the Maintenance Director for positive latch and resistance to smoke.</p>	
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility</p>	K 147		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 10/29/12
---	------------------------	-----------------------

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

OCT 30 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445487	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 10/15/2012
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF JOHNSON CITY, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147	Continued From page 1 failed to assure GFCI outlets were located in all wet areas. The findings include: Observation and interview with the Maintenance Director, on October 15, 2012 at 2:00 p.m. confirmed GFCI was not provided in the Faith hall clean utility room in front of the sink (NFPA 70, 517-20). This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 15, 2012.	K 147	<u>Monitoring</u> The Maintenance Director will check corridor doors for positive latch and resistance to smoke weekly for one month, and monthly thereafter. The Director of Maintenance will report these findings to the Performance Improvement Committee for review and determination of ongoing compliance. This Committee consists of the Administrator, Consultant Pharmacist, Medical Director, Director of Nursing, Assistant Director of Nursing, Maintenance Director, Housekeeping/ Laundry Supervisor, MDS/Care Plan Coordinator, Social Services Director, Clinical Records Supervisor, Dietary Manager, and Activities Director. <u>K147</u> Christian Care Center of Johnson City believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: <u>Corrective Actions for Targeted Residents</u> A new GFCI outlet was installed by the Maintenance Director in the clean utility room on Faith Hall on 10/17/12.	11/30/12	

OCT 30 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445487	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 10/15/2012
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF JOHNSON CITY, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147	Continued From page 1 failed to assure GFCI outlets were located in all wet areas. The findings include: Observation and interview with the Maintenance Director, on October 15, 2012 at 2:00 p.m. confirmed GFCI was not provided in the Faith hall clean utility room in front of the sink (NFPA 70, 517-20). This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 15, 2012.	K 147	<u>Identification of Other Residents with Potential to be Affected</u> On 10/24/12, the Maintenance Director inspected facility wet areas to ensure that GFCI outlets were installed. No other areas need to be addressed. <u>Systematic Changes</u> GFCI outlet inspections were added to the Maintenance Director's monthly checklist. <u>Monitoring</u> The Maintenance Director will inspect all wet area outlets for three months and semi-annually thereafter for properly functioning GFCI outlets. The Director of Maintenance will report these findings to the Performance Improvement Committee for review and determination of ongoing compliance. This Committee consists of the Administrator, Consultant Pharmacist, Medical Director, Director of Nursing, Assistant Director of Nursing, Maintenance Director, Housekeeping/ Laundry Supervisor, MDS/Care Plan Coordinator, Social Services Director, Clinical Records Supervisor, Dietary Manager, and Activities Director.	11/30/12	

OCT 30 2012